

3762

Docket No. 0575/61020-A/JPW/PJP/BJA

41

In re application of: Michael R. Rosen et al.

Serial No.: 09/505,458

Filed: February 11, 2000

For: CARDIAC REMODELING

Examiner: F. Oropeza

Group Art Unit: 3762

June 1, 2004

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

S I R:

Transmitted herewith is an amendment to the above-identified application.

☒ Small entity status of this application under 37 C.F.R. § 1.9 and § 1.27 has been established by a verified statement previously submitted.

☐ a verified statement to establish small entity status under 37 C.F.R. § 1.9 and § 1.27 is enclosed.

☒ No additional fee is required.

The filing fee is calculated as follows:

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS PRESENTED		RATE		FEE	
					SMALL ENTITY	OTHER ENTITY	SMALL ENTITY	OTHER
Total Claims	60	60	0	x	\$9.00	\$18.00	0	
Independent Claims	9	9	0	x	\$43.00	\$86.00	0	
Multiple Dependent Claims(s) Presented <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					\$145.00	\$290.00	0	
For First Time:					TOTAL ADDITIONAL \$0 FEE			

- *If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
 **If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
 ***If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than "0", write "0" in the space.

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U.S. Serial No.: 09/505,458
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Amendment Transmittal Letter
Page 2

The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest of the "NUMBER AFTER AMENDMENT" in any prior amendment or the number of claims as originally filed.

_____ Please charge Deposit Account No. _____
in the amount of \$ _____.

_____ A check in the amount of \$ _____ is enclosed.

 X The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 03-3125. Three copies of this sheet are enclosed.

 X Any filing fees under 37 C.F.R. §1.16 for the presentation of extra claims.

 X Any patent application processing fees under 37 C.F.R. §1.17.

Respectfully submitted,



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I hereby certify that this correspondence is being deposited this date with the U.S. Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

 6/1/04
Peter J. Phillips Date
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